

DOCUMENT # 738760

1. Entity Name

ON TOP OF THE WORLD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5758 54th Ave. North
St. Petersburg, FL 33709

Mailing Address

8700 S.W. 99th Street
Ocala, FL 34481

2. Principal Place of Business

8447 S.W. 99th Street Road

3. Mailing Address

8447 S.W. 99th Street Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Ocala, FL

City & State Ocala, FL

4. FEI Number 59-2778374

Applied For

Not Applicable

Zip 34481

Country USA

Zip 34481

Country USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Sidney Colen
5758 54th Ave. North
St. Petersburg, FL 33709

7. Name and Address of New Registered Agent

Name

Gerald R. Colen, Esq.

Street Address (P.O. Box Number is Not Acceptable)
DeVito & Colen

7243 Bryan Dairy Road

City Largo

FL

Zip Code 33777

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

300004014419--S
-04/17/01--01111--023
****157.01 *****61.25FILE NOW
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	Sidney Colen	
STREET ADDRESS	5758 54th Ave. North	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kenneth D. Colen	
STREET ADDRESS	5758 54th Ave. North	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	D/S	<input checked="" type="checkbox"/> Delete
NAME	Adele Pollack	
STREET ADDRESS	5891 33rd Ave. North	
CITY-ST-ZIP	St. Petersburg, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sidney Colen	
STREET ADDRESS	2291 World Parkway Blvd. West	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth D. Colen	
STREET ADDRESS	8447 S.W. 99th Street Road	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE	D/VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslee R. Colen	
STREET ADDRESS	2291 World Parkway Blvd. West	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip C. Faranda	
STREET ADDRESS	8447 S.W. 99th Street Road	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C. Gable	
STREET ADDRESS	2291 World Parkway Blvd. West	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virgil Ratliff	
STREET ADDRESS	2291 World Parkway Blvd. West	
CITY-ST-ZIP	Clearwater, FL 33763	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)